

**Office of Employer and Member Health Services**

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**HEALTH PLAN ENROLLEE INFORMATION or EMPLOYMENT STATUS CHANGES
(Non-PERS and STRS Members)**

The purpose of this form is for an Employer to modify information reported to CalPERS on the Enrollee's original Health Benefits Plan Enrollment form (PERS-HBD-12) or to report a change in the Enrollee's employment status for Non-PERS and STRS members only.

PART 1 – Enrollee Information

Name (Last) (First) (Middle)			Social Security Number _____ - _____ - _____	
Employer	Bargaining Unit Code	Employer Code	Unit Code	Payroll Office Code

PART 2 – Enrollee Information Change

Name Change (Last) (First) (Middle) (New Name)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
(Prior Name)				
Social Security Number Correction: Enter Correct Number		Birth Date Correction: MM DD YY New / /		
Enter Prior Number		MM DD YY Prior / /		
Address Change (Street) (City) (State) (ZIP Code) New Address				
Prior Address				

PART 3 - Employment Status Change

<input type="checkbox"/> Separation from Employment <input type="checkbox"/> Separation for Retirement <input type="checkbox"/> Death <input type="checkbox"/> Temporary Separation/Non-Pay Status <input type="checkbox"/> Return from Leave of Absence	MM DD YY _____/_____/_____ Date of Status Change
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PART 4 - Contracting Public Agency Information

Employer Contact Name _____ Print Name	Date ____/____/____	Telephone Number () _____
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Instructions for Completing Form

The form is used by an Employer to modify information reported to CalPERS for an Employee's original Health Benefit Plan Enrollment Form (PERS-HBD-12) or to report a change in an Employee's employment status for Non-PERS (Other Retirement) and State Teacher's Retirement System (STRS) members only. If you have any question, please call the number listed on the front of this form.

Part 1 - Enrollee Information

Name: Provide first name, middle initial and last name of Enrollee.

Social Security Number: Provide social security number of Enrollee.

Employer: Provide Employer name.

Bargaining Unit Code: Provide bargaining unit code of Enrollee (Bargaining and identifies an Enrollee's bargaining unit to Employers that have designated recognized employee organizations or bargaining units in their resolution.)

Employer Code: Provide the CalPERS four-digit Employer code.

Unit Code: Provide the assigned three-digit code (Unit code identifies individual school district within County school PERS Employer code.)

Payroll Office Code: Provide the code that identifies the enrollee's pay entity.

Part 2 - Enrollee Information Change

This form can be used for the following:

- Name Change
- Social Security Number Correction
- Address Change
- Birth Date Correction

Part 3 - Employment Status Change

Please check the box to indicate the Enrollee's status change. In addition, provide the date of the status change. The following are status change definitions. (Please refer to California Public Employees' Retirement Law Section 599.506 for information on these status changes.)

- Separation from Employment is the last day on paid status. (The Enrollee is covered on additional month prior to removal from the invoice.)
- Separation for Retirement is the last day on paid status. (The Enrollee is covered one additional month prior to moving to the retired portion of the invoice.)
- Death (The Enrollee will be removed from the invoice the next month.)
- Temporary Separation/Non-Pay Status is the last day on paid status. (The Enrollee is covered on additional month after the leave effective date; a Direct Payment Authorization Form PER-HBD-21 is required for the status change.)
- Return from Leave of Absence is the day the Enrollee returns to work. (The Enrollee will be calculated in the following month's invoice.)

Part 4-Public Agency Information

Employer Contact Name: Provide the contact person

Date: Provide the date the form was completed.

Telephone Number: Provide the contact person's number in case we need to reach you.